

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California Department of Health Care Services		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Systems of Care Division			
Street Address 1501 Capitol Avenue			
Area Code/Phone Number (916) 440-7418	E-mail brian.hansen@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director			

2. Donor Name and Address

☐ Individual _____ ☒ Other Gov'n't Action and Communication Institute
 Last Name First Name Name
 4535 Shady Oak Way Fair Oaks CA 95628
 Address City State Zip Code

Non-profit promoting change in education, child development, human services, and health policy
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Salt Lake City, Utah, USA

April 5-6, 2010	\$ 404.40	\$ 101.45	\$ 15.00	\$ 52.50	\$ 573.35
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Rico	Luis	Division Chief	Systems of Care Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Brian L. Hansen</u>	<u>Brian L. Hansen</u>	<u>Special Assistant to the Director</u>	<u>4/30/10</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)